

**APPENDIX 15
COPAYMENT SCHEDULE FOR PSYCHOTHERAPY
AND AODA SERVICES**

Psychotherapy/AODA Services

Outpatient psychotherapy/AODA services in excess of 15 hours or \$500.00 of accumulated services per recipient, per calendar year, are exempt from copayment. Services to hospital inpatients (place of service 1) are exempt from recipient copayment.

Psychotherapy or AODA Therapy	90844, 90845, W8968	\$2.00 per 60 minutes
Evaluation	90801	\$1.00 per 60 minutes
Evaluation - Limit Exceeded	W8987	\$2.00 per 60 minutes
Group AODA Therapy	W8969	\$.50 per 60 minutes/recipient
Biofeedback	90900, 90904, 90908	\$.50 per 60 minutes
Group Medical Psychotherapy	90853	\$.50 per 60 minutes/recipient
Family Therapy	90846, 90847, W8970	\$2.00 per 60 minutes/recipient
Collateral Interview	90887	\$2.00 per 60 minutes
Electroconvulsive Therapy	90870, 90871	\$0.00
Multiple Family Group Medical Psychotherapy	90849	\$2.00 per 60 minutes/recipient
Narconsynthesis	90835	\$0.00
Chemotherapy Management (medication checks)	90862	\$0.00
Medical Hypnotherapy	90880	\$0.00